



# THE Puerto Rico Community Survey

# Please complete this form and return it as soon as possible after receiving it in the mail.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-800-717-7381. The telephone call is free.

**Telephone Device for the Deaf (TDD):** Call 1-800-786-9448. The telephone call is free.

**¿NECESITA AYUDA?** Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-800-814-8385**.

For more information about the Puerto Rico Community Survey, visit our web site at: http://www.census.gov/acs/www/

# **Start Here** Please print today's date. Month Dav Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question. Last Name First Name MI Area Code + Number How many people are living or staying at this address? • **INCLUDE** everyone who is living or staying here for more than 2 months. • **INCLUDE** yourself if you are living here for more than 2 months. • INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less. • DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment. Number of people Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM **ACS-1(2016)PR** (07-08-2015)

OMB No. 0607-0810 OMB No. 0607-0936



Perso	on 1		Pe	rson 2		
(Person 1 is the person living or stayir or apartment is owned, being bought, person, start with the name of any adu	or rented. If there is no such		at is Person 2's name? Name (Please print)	First Name		MI
What is Person 1's name?  Last Name (Please print)  How is this person related to Person 1  What is Person 1's sex? Mark (X) Of Male			W is this person related to F Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law at is Person 2's sex? Mark (A	S	on-in-law or daughter on-in-law or daughter other relative oomer or boarder ousemate or roomma nmarried partner oster child other nonrelative	
Is Person 1 of Hispanic, Latino, or  No, not of Hispanic, Latino, or Spani Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban	e child is less than 1 year old. rs in boxes. ry Year of birth tion 5 about Hispanic origin and rvey, Hispanic origins are not races. Spanish origin? rish origin origin – Print origin, for example,	Age Age No	at is Person 2's age and whase report babies as age 0 when are reported by the print number of the print of the	Duestion 5 about survey, Hispan of Spanish origin	ar of birth  at Hispanic origin a nic origins are not rigin?	races.
Asian Indian Japan Chinese Korea	Print name of enrolled or principal tribe.		Chinese			morro der – nple,
Some other race – Print race.			Some other race – Print race.	,		

Person 3	Person 4
What is Person 3's name?  Last Name (Please print) First Name	MI Last Name (Please print) First Name MI
How is this person related to Person 1? Mark (X) ONE box.  Husband or wife  Biological son or daughter  Adopted son or daughter  Stepson or stepdaughter  Brother or sister  Father or mother  Grandchild  Parent-in-law  What is Person 3's sex? Mark (X) ONE box.  Male  Female  What is Person 3's age and what is Person 3's date of birth Please report babies as age 0 when the child is less than 1 year of Print numbers in boxes.  Age (in years)  MOTE: Please answer BOTH Question 5 about Hispanic origin Question 6 about race. For this survey, Hispanic origins are in the print of the print o	Biological son or daughter   Other relative     Adopted son or daughter   Roomer or boarder     Housemate or roommate     Brother or sister   Unmarried partner     Father or mother   Foster child     Grandchild   Other nonrelative     Parent-in-law     Mhat is Person 4's sex? Mark (X) ONE box.     Male   Female     Please report babies as age 0 when the child is less than 1 year old.     Print numbers in boxes.     Age (in years)   Month     Day   Year of birth     Other relative     Roomer or boarder     Housemate or roommate     Unmarried partner     Foster child     Other nonrelative     Print numbers in boxes.     Age (in years)     Month     Day   Year of birth     Other nonrelative     Print numbers in boxes.     Age (in years)     Age
Is Person 3 of Hispanic, Latino, or Spanish origin?  No, not of Hispanic, Latino, or Spanish origin  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin − Print origin, for a Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spand so on.   ✓	
What is Person 3's race? Mark (X) one or more boxes.  White Black or African Am. American Indian or Alaska Native — Print name of enrolled or print	What is Person 4's race? Mark (X) one or more boxes.  White Black or African Am.  American Indian or Alaska Native — Print name of enrolled or principal tribe.  American Indian or Alaska Native — Print name of enrolled or principal tribe.
Asian Indian  Chinese  Korean  Guamanian or  Filipino  Vietnamese  Samoan  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	r Chamorro  Chinese  Korean  Guamanian or Chamorro  Filipino  Vietnamese  Samoan  Other Asian – Print race, for example, Hmong,  Print race, for example, Hmong,
Some other race – <i>Print race.</i>	Some other race – Print race.

	erson 5		for Person 6 through Person 12
Ihat is Person 5's name? ast Name (Please print)	First Name MI	We may call you for more informa	ition about them. 📈
ast Name ( <i>r lease print)</i>	THSE IVAITIE IVII	Person 6	
		Last Name (Please print)	First Name
low is this person related to	Person 1? Mark (X) ONE box.		
Husband or wife	Son-in-law or daughter-in-law	w	
Biological son or daughter	Other relative		
Adopted son or daughter	Roomer or boarder	Sex Male Female	Age (in years)
Stepson or stepdaughter	Housemate or roommate		
Brother or sister	Unmarried partner	Person 7	
Father or mother	Foster child	Last Name (Please print)	First Name
Grandchild	Other nonrelative		
Parent-in-law			
Ihat is Person 5's sex? Mark	X) ONE box.	Sex Male Female	Age (in years)
Male Female		Person 8	
/hat is Person 5's age and wi	nat is Person 5's date of birth?		
lease report babies as age 0 wh	en the child is less than 1 year old.	Last Name (Please print)	First Name
ge (in years) Print nu Month	mbers in boxes.  Day  Year of birth		
NOTE: Please answer BOTH	Question 5 about Hispanic origin and	Sex Male Female	Age (in years)
Question 6 about race. For thi	s survey, Hispanic origins are not races	s. Person 9	
Person 5 of Hispanic, Latin	o, or Spanish origin?	Last Name (Please print)	First Name
No, not of Hispanic, Latino, or	Spanish origin	Last Name (Flease print)	i iist ivaille
Yes, Mexican, Mexican Am., Cl	iicano		
Yes, Puerto Rican			
Yes, Cuban		Sex Male Female	Age (in years)
Yes, another Hispanic, Latino,	or Spanish origin – <i>Print origin, for example,</i>	COA L. Maio L. Formaio	rigo (iii youro,
Argentinean, Colombian, Domi and so on.	nican, Nicaraguan, Salvadoran, Spaniard,	Person 10	
and be on. p		Last Name (Please print)	First Name
Ihat is Person 5's race? Mark	(X) one or more boxes.		
White			
Black or African Am.		Sex Male Female	Age (in years)
	ve — Print name of enrolled or principal tribe.		
	or omened or principal tribe.	Person 11	
		Last Name (Please print)	First Name
Asian Indian	Japanese Native Hawaiian		
	Korean Guamanian or Chamorro		
			000
Filipino	Vietnamese Samoan	Sex Male Female	Age (in years)
Other Asian – Print race, for example, Hmong,	Other Pacific Islander – <i>Print race, for example,</i>	Person 12	
Laotian, Thai, Pakistani, Cambodian, and so on. 🌈	Fijian, Tongan, and so on. <sub>₹</sub>		
Carribodian, and 30 on.	30 OH. V	Last Name (Please print)	First Name
Some other race – Print race.	7		
		Sex Male Female	Age (in years)

_				
			$\Pi$	L
		<u> </u>		
	_			~

Please answer the following questions about the house, apartment, or mobile home at the didress on the maiting label.  Which best describes this building? Include all apartments, flats, etc., even it vacant.  A mobile home  A one-family house datached from any other houses  A building with 3 or 4 apartments  A building with 3 or 4 apartments  A building with 5 to 9 apartments  A building with 5 to 9 apartments  A building with 5 to 19 apartments  A building with 5 to 4 apartments  A building with 5 to 4 apartments  A building with 5 to 6 apartments  A building with 5 to 7 apartments  Boat, RV, van, etc.  About when was this building first built?  2000 or later - Specify year.  Boat saw the separated by built-in-archays or walls that extend out at least 6 inches and 60 from floor to celling.  Number of coms  Some other type of computer  Some other type of computer  Number of coms  About this house, apartment, or mobile home?  No access to the Internet service provider > SKP to question 68.  1 to 8.9 surface or can be disposed in the service provider of this household have access to the Internet service provider or this household internet service provider or mobile home were for sale or cont. If this is an afficiency service or provider > SKP to question 17.  No access to the Internet service provider or this household internet service provider or this household internet service provider or this household internet service provider or the mobile home or mobile home?  No access to the Internet service installed			Answer questions 4 – 5 if this is a HOUSE	boes this nouse, apartment, or	mobil	е
which best describes this building? Include all apartments, flats, etc., even if vacant.  A mobile home of the mailing label.  A building with 20 to 49 apartments  Bast, RV, van, etc.  Abuilding with 50 or more apartments  Bast, RV, van, etc.  About when was this building first built?  Doug or later - Specify year.  About when was this building first built?  Basile to other portable wire specify part of this household in the mailing label.  About when was this building first built?  Doug or any member of this household label label.  A this house, apartment, or mobile home of this household label.  A this house, apartment, or mobile home of the mobile home of the mobile home of this household label.  A this house, apartment, or mobile home of this household label.  A this house, apartment, or mobile home of this household label.  A this house, apartment, or mobile home of this household			OR A MOBILE HOME; otherwise, SKIP to	home have –	Yes	No
apartment, or mobile home at the address on the mailing label.  Which best describes this building? Include all apartments, flats, etc., even if vacant.  A mobile home  A non-family house datached from any other house  A one-family house attached to one or more houses  A building with 2 apartments  A building with 3 or 4 apartments  A building with 5 to 9 apartments  A building with 10 to 19 apartments  A building with 10 to 19 apartments  A building with 10 to 19 apartments  A building with 5 to 9 apartments  Boat, RV, van, etc.    3			question 6a.	a. running water?		
Which hest describes this building? Include all apartments, flets, etc., even if vecent.	apartment, o	r mobile home at the		b. a water heater?		
Less than 1 cuerds \$ SKP to question 6s	address on ti	ne mailing label.		c. a bathtub or shower?		
1 to 9.9 cuerdas   1 to 9.9 c	Which best d	escribes this building?		d. a sink with a faucet?		
A mobile home		rtments, flats, etc., even if		e. a stove or range?		
A non-family house detached from any cher houses  A non-family house attached to one or more houses  A non-family house attached to one or more houses  A building with 2 apartments  A building with 3 or 4 apartments  A building with 5 to 9 apartments  A building with 10 to 19 apartments  A building with 20 to 49 apartments  A building with 20 to 49 apartments  A building with 5 or more apartments  Boat, RV, van, etc.  About when was this building first built?  2000 or later - Specify year  Boat, RV, van, etc.  About when was this building first built?  1990 to 1999  1990 to 1990  1990 to 1999  1990 to 1990  20			1 to 9.9 cuerdas			
A Ann-family nouse detaened from any other house  A non-family house attached to one or more houses  A building with 2 apartments  A building with 3 or 4 apartments  A building with 5 to 9 apartments  A building with 5 to 9 apartments  A building with 50 or more apartments  Boat, RV, van, etc.  About when was this building first built?  2000 or later − Specify year  Boat and the specific power of this house, apartment, or mobile home?  About when was this building first built?  1990 to 1999  1990 to	☐ A mobile	home	10 or more cuerdas	•		
A building with 2 apartments   A building with 3 or 4 apartments   A building with 5 to 9 apartments   A building with 50 or more apartments   Si to \$999   \$1,000 or \$2,499   \$5,000 to \$2,499   \$5,000 to \$4,999   \$10,000 or more   \$10,000 or m	other hou	ise		which you can both make and receive calls? <i>Include</i>		
were the actual sales of all agricultural products from this property?    A building with 3 or 4 apartments   None   None   None   Yes No     A building with 10 to 19 apartments   A building with 20 to 49 apartments   Si 10 5999   Si 10,000 to \$2,499   Si 10,000 or 58,999   Si 10,000 or sale or		nily house attached to one or	IN THE PAST 12 MONTHS, what			
A building with 5 to 9 apartments A building with 20 to 49 apartments A building with 20 to 49 apartments Boat, RV, van, etc.  About when was this building first built?  2000 or later - Specify year Boat to 1989 Boat this house, apartment, or mobile home? Boat to 1989 Boat to 1980 Boat this house, apartment, or mobile home? Boat this house, apartment, or			were the actual sales of all agricultural	do you or any member of this h	ouseh	old
A building with 5 to 9 apartments  A building with 10 to 19 apartments  A building with 20 to 49 apartments  Boat, RV, van, etc.    About when was this building first built?	A buildin	g with 3 or 4 apartments	None			
A building with 20 to 49 apartments   S1,000 to \$2,499   S2,500 to \$4,999   S5,000 to \$9,999   S5,000 to	A buildin	g with 5 to 9 apartments			res	
A building with 20 to 49 apartments   \$1,000 to \$2,499   \$2,500 to \$4,999   \$2,500 to \$4,999   \$5,000 to \$9,999   \$10,000 or more   \$5,000 to \$9,999   \$10,000 or more   \$5,000 to \$9,999   \$10,000 or more   \$			\$1 to \$999	a. Desktop or laptop	Ш	
A building with 50 or more apartments   S5,000 to \$3,999   S10,000 or more   S5,000 to \$3,999   S10,000 or more   Specify ⊋			\$1,000 to \$2,499	b. Smartphone		
\$5,000 to \$9,999   \$10,000 or more   \$50,000 to \$9,999   \$10,000 or more   \$10,00	_		S2,500 to \$4,999	c. Tablet or other portable wireless computer		
About when was this building first built?  □ 2000 or later – Specify year □ 2000 or later – Skip to you or any member of this household have access to the Internet service on the provice or specific provider □ 2000 or later – Skip to you or any member of this household have access to the Internet service on the provice or specific provider □ 2000 or later – Skip to you or any member of this household have access to the Internet service on the provice or any member of this household have access to the Internet service on the provider or any member of this household have access to the Internet service on the provi		-	\$5,000 to \$9,999	·		
a. How many separate rooms are in this house, apartment, or mobile home- Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.  1990 to 1999  1980 to 1989  1980 to 1989  1970 to 1979  1960 to 1969  1950 to 1959  1940 to 1949  1939 or earlier    When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?    Month Year   Month Yea	boat, nv,	van, etc.	□ \$10,000 or more			
have access to the Internet using a –  1940 to 1949  1939 or earlier  b. How many of these rooms are bedrooms?  Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".  Number of bedrooms  When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?  Month Year	1980 to 1	989 979	<ul> <li>archways or walls that extend out at least 6 inches and go from floor to ceiling.</li> <li>INCLUDE bedrooms, kitchens, etc.</li> <li>EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.</li> <li>Number of rooms</li> </ul>	Internet service provider  Yes, without paying a cell ph or Internet service provider question 11  No access to the Internet at the apartment, or mobile home question 11	one con → SKIP his hou → SKIP	mpany to use, to
Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".  Number of bedrooms  When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?  Month Year  Month Year  Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".  Number of bedrooms  Number of bedrooms  Count as bedrooms those rooms you would list if this house home were for sale or rent. If this is an efficiency/studio apartment, print "0".  Number of bedrooms  Count as bedrooms those rooms you would list if this house home were for sale or rent. If this is an efficiency/studio apartment, print "0".  Number of bedrooms  Count as bedrooms those rooms you would list if this house home were for sale or rent. If this is an efficiency/studio apartment, print "0".  Number of bedrooms  Count as bedrooms those rooms you would list if this house home were for sale or rent. If this is an efficiency/studio apartment, print "0".  Number of bedrooms  Count as bedrooms those rooms you would as martphone or other mobile device?  b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?  c. satellite Internet service installed in this household?  d. dial-up Internet service installed in this household?  e. some other service?	1950 to 1	959		have access to the Internet using	ng a –	
1939 or earlier   list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".   Number of bedrooms   Description or mobile home?   Description or mobil	1940 to 1	949			Yes	No
When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?  Month Year  Mon	1939 or e	arlier	list if this house, apartment, or mobile home	smartphone or other mobile		
When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?  Month Year  C. satellite Internet service installed in this household?  d. dial-up Internet service installed in this household?  e. some other service?				b. broadband (high speed)		
mobile home?  Month Year  d. dial-up Internet service installed in this household?  e. some other service?			Number of bedrooms	fiber optic, or DSL service		
d. dial-up Internet service installed in this household?  e. some other service?				c. satellite Internet service		
e. some other service?	Month Year			d. dial-up Internet service		

	/ - I
Halleina	(continued)

How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?  None 1	a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?  Last month's cost – Dollars  Solution  OR  Included in rent or condominium fee	IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Nutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks.  Yes No
3 4 5 6 or more	b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?  Last month's cost – Dollars  \$	15 Is this house, apartment, or mobile home part of a condominium?  Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.  Monthly amount – Dollars
Which FUEL is used MOST for heating this house, apartment, or mobile home?  Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used  c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars  \$ 1,	OR  None  No  Is this house, apartment, or mobile home –  Mark (X) ONE box.  Owned by you or someone in this household with a mortgage or loan? Include home equity loans.  Owned by you or someone in this household free and clear (without a mortgage or loan)?  Rented?  Occupied without payment of rent? → SKIP to C on the next page
	Past 12 months' cost – Dollars  \$ 0,000  OR  Included in rent or condominium fee  No charge or these fuels not used	

<b>Housing (continued</b>
---------------------------

	L	Housing (continued)
E	3	Answer questions 17a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 18.
1	7	a. What is the monthly rent for this house, apartment, or mobile home?  Monthly amount – Dollars  \$ 10, 100  b. Does the monthly rent include any meals?  Yes No
		Answer questions 18 – 22 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E.
1	8	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?
		Amount – Dollars \$ , .00
1	9	What are the annual real estate taxes or THIS property?  Annual amount – Dollars
		\$ 0,00
		OR
2	0	What is the annual payment for fire, hazard, and flood insurance on THIS property?
		Annual amount – <i>Dollars</i>

<b>21</b> a.	Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?
	Yes, mortgage, deed of trust, or similar debt
	Yes, contract to purchase
	No → SKIP to question 22a
b.	How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.
	Monthly amount – Dollars
	\$ 00,000.00
c.	OR  No regular payment required → SKIP to question 22a  Does the regular monthly mortgage payment include payments for real
	estate taxes on THIS property?  Yes, taxes included in mortgage
	payment  No, taxes paid separately or taxes not required
d.	Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?  Yes, insurance included in mortgage payment No, insurance paid separately or no insurance

a.	Do you or any member of this household have a second mortgage or a home equity loan on THIS property?			
	Yes, home equity loan			
	Yes, second mortgage			
	Yes, second mortgage and home equity loan			
	$\square \text{ No } \rightarrow SKIP \text{ to } \square$			
b.	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?			
	Monthly amount – <i>Dollars</i>			
	\$ 00,000.00			
	OR			
	No regular payment required			
	nswer question 23 if this is a MOBILE OME. Otherwise, SKIP to <b>E</b> .			
re Th	that are the total annual costs for ersonal property taxes, site rent, egistration fees, and license fees on HIS mobile home and its site?			
Ar	nnual costs – <i>Dollars</i>			

next page if you list	bout PERSON 1 on the ed at least one person se, SKIP to page 28 for ions.

.00

OR

None

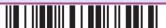
Person
Please copy the then continue a

	Person 1	What is the highest degree or level of school	What is this person's ancestry or ethnic origin?
)	Please copy the name of Person 1 from page 2, then continue answering questions below.	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	
	Last Name	NO SCHOOLING COMPLETED	
		No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
	First Name MI	NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.
		Nursery school	
		Kindergarten	a. Does this person speak a language other than English at home?
)	Where was this person born?	Grade 1 through 11 - Specify	Yes
	In the United States – <i>Print name of state.</i>	grade 1 – 11 —	No → SKIP to question 15a
			b. What is this language?
	Outside the United States – Print Puerto Rico or		and the same ranguage.
	name of foreign country, or U.S. Virgin Islands, Guam, etc.	12th grade – <b>NO DIPLOMA</b>	
		HIGH SCHOOL GRADUATE	For example: Korean, Italian, Spanish, Vietnamese
		Regular high school diploma	c. How well does this person speak English?
J	Is this person a citizen of the United States?	GED or alternative credential	☐ Very well
	Yes, born in Puerto Rico → SKIP to question 10a  Yes, born in a U.S. state, District of Columbia,	COLLEGE OR SOME COLLEGE	Well
	Guam, the U.S. Virgin Islands, or Northern Marianas	<ul> <li>Some college credit, but less than 1 year of college credit</li> </ul>	Not well
	Yes, born abroad of U.S. citizen parent	1 or more years of college credit, no degree	Not at all
	or parents	Associate's degree (for example: AA, AS)	
	Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization	Bachelor's degree (for example: BA, BS)	a. Did this person live in this house or apartmen 1 year ago?
		AFTER BACHELOR'S DEGREE	Person is under 1 year old → SKIP to
	No. of the Control	Master's degree (for example: MA, MS, MEng,	question 16
	No, not a U.S. citizen	MEd, MSW, MBA)  Professional degree beyond a backglor's degree	Yes, this house → SKIP to question 16
	When did this person come to live in Puerto Rico? If this person came to live in	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	
	Puerto Rico more than once, print latest year. Year	Doctorate degree (for example: PhD, EdD)	country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.
		Answer question 12 if this person has a	
0	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include	bachelor's degree or higher. Otherwise,	No, different house in Puerto Rico or the United States
	only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college	SKIP to question 13.	b. Where did this person live 1 year ago?
	which leads to a high school diploma or a college degree.		Address
	No, has not attended in the last 3		Development or condominium name Number and street name
	months → SKIP to question 11  Yes, public school, public college	BACHELOR'S DEGREE. Please print below the	Number and Street name
		specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	
	Yes, private school, private college, home school	engineering, elementary teacher education, organizational psychology)	
	b. What grade or level was this person attending? Mark (X) ONE box.	organizational psychology)	Name of city, town, or post office
	Nursery school, preschool		
	Kindergarten		Name of municipio in Puerto Rico or
	Grade 1 through 12 – Specify grade 1 – 12 —		U.S. county
	College undergraduate years (freshman to senior)		Enter Puerto Rico or name of U.S. state ZIP Code
	Graduate or professional school beyond a		
	bachelor's degree (for example: MÁ or PhD program, or medical or law school)		

Person 1	continued

	Is this person CURRENTLY covered by any of th following types of health insurance or health	e L	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.		c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has
	<b>coverage plans?</b> Mark "Yes" or "No" for EACH type of coverage in items a – h.	19	Because of a physical, mental, or emotional		been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)		condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?		Less than 6 months  6 to 11 months
	b. Insurance purchased directly from an insurance company (by this		Yes		1 or 2 years
	person or another family member)		No		3 or 4 years
	c. Medicare, for people 65 and older, or people with certain disabilities	20	What is this person's marital status?		5 or more years
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		<ul><li>Now married</li><li>Widowed</li><li>Divorced</li></ul>	$\mathbf{T}$	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	e. TRICARE or other military health care		Separated		Never served in the military → SKIP to question 29a
	f. VA (including those who have ever used or enrolled for VA health care)		Never married → SKIP to ■		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	4	In the PAST 12 MONTHS did this person get – Yes No		Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify		a. Married?		On active duty in the past, but not now
			c. Divorced?	2	When did this person serve on active duty in the
	a la this namen deef ou deep be/obe bour	22	How many times has this person been married?		<b>U.S. Armed Forces?</b> Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	a. Is this person deaf or does he/she have serious difficulty hearing?	$\top$	Once		September 2001 or later
	Yes		☐ Two times		August 1990 to August 2001 (including
	No		Three or more times		Persian Gulf War)
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing	23	In what year did this person last get married? Year		May 1975 to July 1990
	glasses?				Vietnam era (August 1964 to April 1975)
	☐ Yes ☐ No				February 1955 to July 1964  Korean War (July 1950 to January 1955)
			Answer question 24 if this person is		January 1947 to June 1950
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to	T	female and 15 – 50 years old. Otherwise, SKIP to guestion 25a.		World War II (December 1941 to December 1946)
	the questions for Person 2 on page 12.		Oran to queetien zear		November 1941 or earlier
3	Because of a physical, mental, or emotional condition, does this person have serious	24	Has this person given birth to any children in the past 12 months?		
	difficulty concentrating, remembering, or making decisions?		☐ Yes	40	<ul> <li>a. Does this person have a VA service-connected disability rating?</li> </ul>
	Yes		No No		Yes (such as 0%, 10%, 20%,, 100%)
	□ No	49	a. Does this person have any of his/her own grandchildren under the age of 18 living in		No → SKIP to question 29a
	b. Does this person have serious difficulty walking or climbing stairs?		this house or apartment?  Yes		b. What is this person's service-connected disability rating?
	Yes		No → SKIP to question 26		0 percent
	No		b. Is this grandparent currently responsible for most of the basic needs of any grandchildren		10 or 20 percent
	<ul> <li>Does this person have difficulty dressing or bathing?</li> </ul>		under the age of 18 who live in this house or apartment?		30 or 40 percent
	Yes		Yes		50 or 60 percent
	No		No → SKIP to question 26		70 percent or higher

			13176102
29	Person 1 (continued)  a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  Yes
	<ul> <li>Yes → SKIP to question 30</li> <li>No - Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> </ul>	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)	No → SKIP to question 38  LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  Yes, could have gone to work
30	<ul> <li>Yes</li> <li>No → SKIP to question 35a</li> </ul> At what location did this person work LAST	33 What time did this person usually leave home	No, because of own temporary illness  No, because of all other reasons (in school, etc.)
	WEEK? If this person worked at more than one location, print where he or she worked most last week.  a. Address  Development or condominium name Number and street name	to go to work LAST WEEK?  Hour Minute a.m. p.m.	When did this person last work, even for a few days?  Within the past 12 months
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.  b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes	<ul> <li>1 to 5 years ago → SKIP to L</li> <li>Over 5 years ago or never worked → SKIP to question 47</li> <li>a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</li> </ul>
	c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of municipio in Puerto Rico or U.S. county	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.  35 a. LAST WEEK, was this person on layoff from a job?  ☐ Yes → SKIP to question 35c	<ul> <li>Yes → SKIP to question 40</li> <li>No</li> <li>b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> <li>48 to 49 weeks</li> </ul>
	e. Enter Puerto Rico or name of U.S. state or foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less
3	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	question 38  No → SKIP to question 36  c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK
	the box of the one used for most of the distance.  Car, truck, or van Motorcycle Bus or trolley bus Bicycle Carro público Walked	Yes → SKIP to question 37  No	



Worked at home → SKIP to question 39a

Other method

Subway or elevated

Railroad Ferryboat

#### 41 - 46 CURRENT OR MOST RECENT JOB

**ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person – Mark (X) ONE box.

an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
an employee of a PRIVATE NOT-FOR-PROFIT tax-exempt, or charitable organization?

a local GOVERNMENT employee
(city, county, municipio, etc.)?

П	a state GOVERNMENT	employ	vee

1	The state of the second	<b>GOVERNMENT</b>	
П	a Federal	(4())/PRIMIVIEIMI	emnioveer
ı,	a i caciai	COVERNIVIEN	omproyee.

SELF-EMPLOYED in own NOT INCORPORATED
business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED
business, professional practice, or farm?

working WITHOUT F	PAY	in	family	business
or farm?				

### 42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$  and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this?
Describe the activity at the location where employed.
(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

manufacturing	q?
---------------	----

wholesale trade?

retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

4	6	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

#### **47** INCOME IN THE PAST 12 MONTHS.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	Yes →	\$ 0,000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

	Yes →	\$ _,00	
Ш	No	TOTAL AMOUNT for past	Loss
		12 months	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ 0,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss

d. Social Security or Railroad Retirement.

☐ Yes →	\$ 00,000	.00
∐ No	TOTAL AMOUNT for	past

e. Supplemental Security Income (SSI).

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$00,000.	.00
Ш	No	TOTAL AMOUNT for p	oast

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

☐ Yes →	\$ 000,000.00
No	TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

enter the amount and mark (X) the "Loss" box nex the dollar amount.			
☐ OR	\$ 00,000,000.00		
None	TOTAL AMOUNT for past 12 months	Loss	

Continue with the questions for Person 2 on the next page. If no one is listed as person 2 on page 2, SKIP to page 28 for mailing instructions.



			13176128
	Person 2	What is the highest degree or level of school	3 What is this person's ancestry or ethnic origin?
Ð	Please copy the name of Person 2 from page 2, then continue answering questions below.	this person has COMPLETED? Mark (X) ONE box.  If currently enrolled, mark the previous grade or highest degree received.	
	Last Name	NO SCHOOLING COMPLETED	/For everyle Italian Jameican African Am
		☐ No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
П	First Name MI	NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.
П		☐ Nursery school	
		☐ Kindergarten	a. Does this person speak a language other than English at home?
7	Where was this person born?	Grade 1 through 11 – Specify	Yes
T	In the United States – Print name of state.	grade 1 – 11 —	No → SKIP to question 15a
П			· ·
ı	Outside the United States – Print Puerto Rico or		b. What is this language?
ı	name of foreign country, or U.S. Virgin Islands, Guam, etc.	12th grade – <b>NO DIPLOMA</b>	
П	Guarri, etc.	HIGH SCHOOL GRADUATE	For example: Korean, Italian, Spanish, Vietnamese
ı		Regular high school diploma	c. How well does this person speak English?
8	Is this person a citizen of the United States?	GED or alternative credential	
Τ	Yes, born in Puerto Rico → SKIP to question 10a	COLLEGE OR SOME COLLEGE	☐ Very well
П	Yes, born in a U.S. state, District of Columbia,	Some college credit, but less than 1 year of	Well
П	Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	college credit	Not well
П	Yes, born abroad of U.S. citizen parent	1 or more years of college credit, no degree	Not at all
П	☐ Yes, U.S. citizen by naturalization – <i>Print year</i>	Associate's degree (for example: AA, AS)	
П	of naturalization	Bachelor's degree (for example: BA, BS)	a. Did this person live in this house or apartmen 1 year ago?
П		AFTER BACHELOR'S DEGREE	Person is under 1 year old → SKIP to
П		Master's degree (for example: MA, MS, MEng,	question 16
	No, not a U.S. citizen	MEd, MSW, MBA)	Yes, this house → SKIP to question 16
9	When did this person come to live in Puerto Rico? If this person came to live in	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.
П	Puerto Rico more than once, print latest year.	Doctorate degree (for example: PhD, EdD)	country, or U.S. Virgin Islands, Guam, etc.,
П	Year		below, then own to question to.
П			
10	a. At any time IN THE LAST 3 MONTHS, has this	Answer question 12 if this person has a bachelor's degree or higher. Otherwise,	No, different house in Puerto Rico or the
T	person attended school or college? Include only nursery or preschool, kindergarten,	SKIP to question 13.	United States
П	only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college		b. Where did this person live 1 year ago?
П	degree.		Address Development or condominium name
П	<ul><li>No, has not attended in the last 3 months → SKIP to question 11</li></ul>	2 This question focuses on this person's	Number and street name
П	Yes, public school, public college	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES	
ı	Yes, private school, private college, home school	this person has received. (For example: chemical	
ı	b. What grade or level was this person attending?	engineering, elementary teacher education, organizational psychology)	Name of sites town or next office
ı	Mark (X) ONE box.		Name of city, town, or post office
	Nursery school, preschool		
	Kindergarten		Name of municipio in Puerto Rico or
	Grade 1 through 12 – Specify grade 1 – 12		U.S. county
			Enter Dueste Pice an
	College undergraduate years (freshman to senior)		Enter Puerto Rico or name of U.S. state ZIP Code



Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

# Person 2 (continued)

3	Is this person CURRENTLY covered by any of the following types of health insurance or health	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.  C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has	s
	<b>coverage plans?</b> <i>Mark</i> "Yes" or "No" for EACH type of coverage in items a – h.	been responsible for the longest period of time.	
	a. Insurance through a current or former employer or union (of this person or another family member)	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?  Less than 6 months  6 to 11 months	
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ 1 or 2 years ☐ 3 or 4 years	
	c. Medicare, for people 65 and older, or people with certain disabilities		
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	Now married  Widowed  Divorced  Widowed  Widowed  Widowed  Widowed  Mark (X) ONE box.	he rd?
	e. TRICARE or other military health care	☐ Separated ☐ Never served in the military → SKIP to question 29a	
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to  Only on active duty for training in the Reserve or National Guard → SKIP to question 28a	es
	g. Indian Health Service	Yes No Now on active duty	
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?  On active duty in the past, but not now  b. Widowed?	
	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes	Once Two times Three or more times  September 2001 or later August 1990 to August 2001 (including Persian Gulf War)  May 1075 to July 1000	iod
	No	Korean War (July 1950 to January 1955)	
•	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.  January 1947 to June 1950  World War II (December 1941 to December 1950)  November 1941 or earlier	946)
3	a. Because of a physical, mental, or emotional	Has this person given birth to any children in the past 12 months?	
	condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No	a. Does this person have a VA service-connect disability rating?  No  Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 29a	ed
	b. Does this person have serious difficulty walking or climbing stairs?	this house or apartment?  b. What is this person's service-connected disability rating?	
	Yes	No → SKIP to question 26 □ 0 percent	
	No  C. Does this person have difficulty dressing or	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this bouse or	
	bathing?	apartment? 30 or 40 percent	
	Yes	Yes 50 or 60 percent	
	No	No → SKIP to question 26 70 percent or higher	

						13176144
29	a.	LAST WEEK, did this person work for pay at a job (or business)?  Yes → SKIP to question 30 No – Did not work (or retired)	truck, or van" in a SKIP to question	a 32 if you marked "Car, question 31. Otherwise, 33.  e, including this person, ork in the car, truck, or van	ACTI	ng the LAST 4 WEEKS, has this person been VELY looking for work?  Yes  No → SKIP to question 38  WEEK, could this person have started a offered one, or returned to work if
		LAST WEEK, did this person do ANY work for pay, even for as little as one hour?  Yes  No → SKIP to question 35a	Person(s)	ia nawan yayallu laaya hama	recal	
30	loc las a.	what location did this person work LAST EEK? If this person worked at more than one ration, print where he or she worked most it week.  Address Development or condominium name Number and street name	What time did thi to go to work LAS Hour Minute		38 When days?	n did this person last work, even for a few ? Within the past 12 months
		If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.  Name of city, town, or post office	How many minut person to get from Minutes	es did it usually take this m home to work LAST WEEK?	39 a. Du	1 to 5 years ago → SKIP to (L)  Over 5 years ago or never worked → SKIP to question 47  wring the PAST 12 MONTHS (52 weeks), did is person work 50 or more weeks? Count id time off as work.
	d.	Is the work location inside the limits of that city or town?  Yes  No, outside the city/town limits  Name of municipio in Puerto Rico	did NOT work las SKIP to question	as 35 – 38 if this person st week. Otherwise, 39a.	foi	Yes → SKIP to question 40  No  No  w many weeks DID this person work, even ra few hours, including paid vacation, paid ek leave, and military service?  50 to 52 weeks
	e.	Enter Puerto Rico or name of U.S. state or foreign country	<ul><li>No</li><li>b. LAST WEEK, wabsent from a just of the second secon</li></ul>	To question 35c  Tas this person TEMPORARILY job or business?  cation, temporary illness, leave, other family/personal and weather, etc. → SKIP to		48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less
31)	Ho WE	w did this person usually get to work LAST EEK? If this person usually used more than one without of transportation during the trip, mark (X) we box of the one used for most of the distance.  Car, truck, or van Bus or trolley bus Bicycle Carro público Walked Subway or elevated Railroad  Worked at home → SKIP	c. Has this person will be recalled 6 months OR b work?	or to question 36  In been informed that he or she do to work within the next leen given a date to return to  P to question 37	WOR	ng the PAST 12 MONTHS, in the WEEKS KED, how many hours did this person lly work each WEEK? hours worked each WEEK



Other method

Railroad Ferryboat

Person 2	(continued)
----------	-------------

#### 41 - 46 CURRENT OR MOST RECENT JOB

**ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person – Mark (X) ONE box.

	an employee of a PRIVATE FOR-PROFIT
	company or business, or of an individual, for wages, salary, or commissions?
	an employee of a PRIVATE NOT-FOR-PROFIT tax-exempt, or charitable organization?
	a local GOVERNMENT employee (city, county, municipio, etc.)?
	a state GOVERNMENT employee?

- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$  and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this?
Describe the activity at the location where employed.
(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	Yes →	\$ 0,000,000.00
Ш	No	TOTAL AMOUNT for past

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

	Yes →	\$ ,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss
		12 months '	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ _,00	
ш	No	TOTAL AMOUNT for past	Loss
		12 months	

d. Social Security or Railroad Retirement.

	Yes →	\$				.00
Ш	No	TOTA	L AM 12 r	OUNT nonth	for	past

e. Supplemental Security Income (SSI).

	Yes →	\$				.00
Ш	No	TOTA	L AM 12 r	OUNT nonth	for s	past

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$00,000.	.00
Ш	No	TOTAL AMOUNT for p	oast

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

	Yes →	\$ 000,000.00	
Ш	No	TOTAL AMOUNT for past	

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00	
Ш	No	TOTAL AMOUNT for past 12 months	

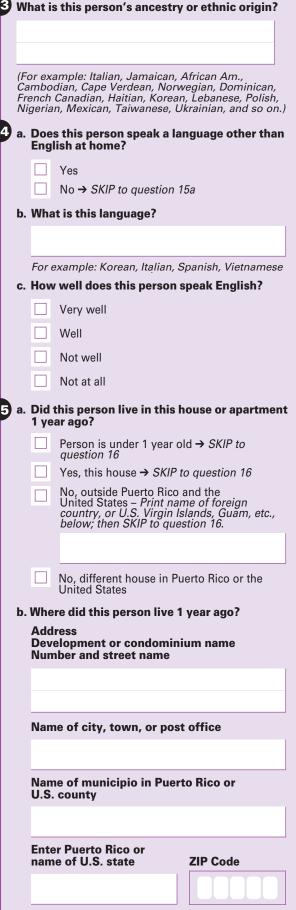
What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

the dollar	amount.	X1 10
OR None	\$ 100 .00 TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 3 on the next page. If no one is listed as person 3 on page 3, SKIP to page 28 for mailing instructions.



Please copy the name of Person 3 from page 3, then continue answering questions below.  Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED	3 What is this person's ance
First Name MI	No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery school  Kindergarten	(For example: Italian, Jamai Cambodian, Cape Verdean, French Canadian, Haitian, K Nigerian, Mexican, Taiwane a. Does this person speak
Where was this person born?  In the United States – Print name of state.  Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	Grade 1 through 11 – Specify grade 1 – 11  12th grade – NO DIPLOMA	English at home?  Yes  No → SKIP to quest  b. What is this language?
	HIGH SCHOOL GRADUATE  Regular high school diploma	For example: Korean, Ital
Is this person a citizen of the United States?  Yes, born in Puerto Rico → SKIP to question 10a  Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in Puerto Rico? If this person came to live in Puerto Rico more than once, print latest year. Year	GED or alternative credential  COLLEGE OR SOME COLLEGE  Some college credit, but less than 1 year of college credit  1 or more years of college credit, no degree  Associate's degree (for example: AA, AS)  Bachelor's degree (for example: BA, BS)  AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)	Well  Not well  Not at all  a. Did this person live in tage 1 year ago?  Person is under 1 yauestion 16  Yes, this house → S  No, outside Puerto United States – Princountry, or U.S. Virbelow; then SKIP to
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  No, has not attended in the last 3 months → SKIP to question 11  Yes, public school, public college  Yes, private school, private college, home school  b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 through 12 − Specify	bachelor's degree or higher. Otherwise, SKIP to question 13.	No, different house United States  b. Where did this person I Address Development or condo Number and street nare Name of city, town, or U.S. county





College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

Person 3 (con	ntinuea
---------------	---------

	Is this person CURRENTLY covered by any of th following types of health insurance or health	e L	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.		c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has
	<b>coverage plans?</b> Mark "Yes" or "No" for EACH type of coverage in items a – h.	19	Because of a physical, mental, or emotional		been responsible for the longest period of time.
	a. Insurance through a current or former employer or union (of this person or another family member)		condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?		Less than 6 months  6 to 11 months
	b. Insurance purchased directly from		Yes		1 or 2 years
	person or another family member)		□ No		3 or 4 years
	c. Medicare, for people 65 and older, or people with certain disabilities	20	What is this person's marital status?		5 or more years
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		<ul><li>Now married</li><li>Widowed</li><li>Divorced</li></ul>	$oldsymbol{oldsymbol{ au}}$	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	e. TRICARE or other military health care		Separated		Never served in the military → SKIP to question 29a
	f. VA (including those who have ever used or enrolled for VA health care)		Never married → SKIP to  In the PAST 12 MONTHS did this person get –		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	4	Yes No		Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify		a. Married?		On active duty in the past, but not now
	•		c. Divorced?	2	When did this person serve on active duty in the
		22	How many times has this person been married?		<b>U.S. Armed Forces?</b> Mark (X) a box for EACH period in which this person served, even if just for part of the
	a. Is this person deaf or does he/she have serious difficulty hearing?	Y	Once		period.
	Yes		Two times		September 2001 or later
	□ No		Three or more times		August 1990 to August 2001 (including Persian Gulf War)
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing	23	In what year did this person last get married?		May 1975 to July 1990
	glasses?		Year		Vietnam era (August 1964 to April 1975)
	Yes				February 1955 to July 1964
	∐ No				Korean War (July 1950 to January 1955)
	Answer question 18a – c if this person is	T	Answer question 24 if this person is female and 15 – 50 years old. Otherwise,		January 1947 to June 1950
	5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.		SKIP to question 25a.		World War II (December 1941 to December 1946)
		24	Has this person given birth to any children in		November 1941 or earlier
3	a. Because of a physical, mental, or emotional condition, does this person have serious		the past 12 months?	28	a. Does this person have a VA service-connected
	difficulty concentrating, remembering, or making decisions?		Yes	9	disability rating?
	Yes		No No		Yes (such as 0%, 10%, 20%, , 100%)
	□ No	4	a. Does this person have any of his/her own grandchildren under the age of 18 living in		No → SKIP to question 29a
	b. Does this person have serious difficulty walking or climbing stairs?		this house or apartment?  Yes		b. What is this person's service-connected disability rating?
	Yes		No → SKIP to question 26		0 percent
	□ No		b. Is this grandparent currently responsible for most of the basic needs of any grandchildren		10 or 20 percent
	c. Does this person have difficulty dressing or bathing?		under the age of 18 who live in this house or apartment?		30 or 40 percent
	Yes		Yes		50 or 60 percent
	No		No → SKIP to question 26		70 percent or higher

				13176185
29	b.	LAST WEEK, did this person work for pay at a job (or business)?  Yes → SKIP to question 30 No – Did not work (or retired)  LAST WEEK, did this person do ANY work for pay, even for as little as one hour?  Yes No → SKIP to question 35a  what location did this person work LAST EEK? If this person worked at more than one cation, print where he or she worked most st week.	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.  How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)  What time did this person usually leave home to go to work LAST WEEK?  Hour Minute	36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  Yes No → SKIP to question 38  37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)  38 When did this person last work, even for a few
		Address Development or condominium name Number and street name	□ a.m. p.m.	days?  Within the past 12 months
		If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.  Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes	<ul> <li>1 to 5 years ago → SKIP to</li> <li>Over 5 years ago or never worked → SKIP to question 47</li> <li>a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</li> </ul>
	d.	Is the work location inside the limits of that city or town?  Yes  No. outside the city/town limits	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.  35 a. LAST WEEK, was this person on layoff from a job?	<ul> <li>Yes → SKIP to question 40</li> <li>No</li> <li>b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> </ul>
	e.	Enter Puerto Rico or name of U.S. state or foreign country	<ul> <li>Yes → SKIP to question 35c</li> <li>No</li> <li>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</li> <li>Yes, on vacation, temporary illness,</li> </ul>	48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks
31	Ho	ZIP Code  ow did this person usually get to work LAST	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38  No → SKIP to question 36  c. Has this person been informed that he or she will be recalled to work within the next	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK
	me	EEK? If this person usually used more than one ethod of transportation during the trip, mark (X) e box of the one used for most of the distance.  Car, truck, or van Motorcycle Bus or trolley bus Bicycle Carro público Walked Subway or elevated Worked at home → SKIP to question 39a	6 months OR been given a date to return to work?  ☐ Yes → SKIP to question 37 ☐ No	



Other method

Railroad Ferryboat

Person 3	(continued)
----------	-------------

41 - 46 CURRENT OR MOST RECENT JOB

**ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person – Mark (X) ONE box.

an employee of a PRIVATE FOR-PROFIT
company or business, or of an individual, for
wages, salary, or commissions?

an employee of a PRIVATE NOT-FOR-PROFIT,
tax-exempt, or charitable organization?

a local GOVERNMENT employee
(city, county, municipio, etc.)?

	a state	GOVERNMENT	employee?
--	---------	------------	-----------

a Fadaral	GOVERNMENT	0 100 10 1	
a rederai	GOVERNIVIENT	embic	)vee:

SELF-EMPLOYED in own NOT INCORPORATED
business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED
business, professional practice, or farm?

	working WITHOUT	PAY	in	family	business
	or farm?				

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box  $\Rightarrow$  and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this?
Describe the activity at the location where employed.
(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

**47** INCOME IN THE PAST 12 MONTHS.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	Yes →	\$ 0,000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

	Yes →	\$ _,00	
Ш	No	TOTAL AMOUNT for past	Loss
		12 months '	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ 0,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss

d. Social Security or Railroad Retirement.

	∕es →	\$			.00
r	No :	TOTAL	. AMOL	JNT for	past

e. Supplemental Security Income (SSI).

	Yes →	\$				.00
Ш	No	TOTA	L AM 12 r	OUNT nonth	for s	past

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$00,000.	00
Ш	No	TOTAL AMOUNT for p	ast

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

	Yes →	\$ .00
Ш	No	TOTAL AMOUNT for past 12 months

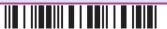
h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 000,000.00
Ш	No	TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

enter the a the dollar	amount and mark (X) the "Loss" box ne. amount.	xt to
☐ OR	\$ 00,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 4 on the next page. If no one is listed as person 4 on page 3, SKIP to page 28 for mailing instructions.



Person 4	What is the highest degree or level of school	3 What is this person's ancestry or ethnic origin?
Please copy the name of Person 4 from page 3, then continue answering questions below.  Last Name	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED	
First Name MI	No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery school	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.  4 a. Does this person speak a language other thar
Where was this person born?  In the United States – Print name of state.  Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands,	☐ Kindergarten ☐ Grade 1 through 11 – Specify grade 1 – 11 — ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	English at home?  ☐ Yes ☐ No → SKIP to question 15a  b. What is this language?
Guam, etc.	HIGH SCHOOL GRADUATE  Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?
S Is this person a citizen of the United States?  Yes, born in Puerto Rico → SKIP to question 10a  Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in Puerto Rico? If this person came to live in Puerto Rico more than once, print latest year. Year	<ul> <li>GED or alternative credential</li> <li>COLLEGE OR SOME COLLEGE</li> <li>Some college credit, but less than 1 year of college credit</li> <li>1 or more years of college credit, no degree</li> <li>Associate's degree (for example: AA, AS)</li> <li>Bachelor's degree (for example: BA, BS)</li> <li>AFTER BACHELOR'S DEGREE</li> <li>Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</li> <li>Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)</li> <li>Doctorate degree (for example: PhD, EdD)</li> </ul>	<ul> <li>Very well</li> <li>Well</li> <li>Not well</li> <li>Not at all</li> </ul> 3a. Did this person live in this house or apartment 1 year ago? <ul> <li>Person is under 1 year old → SKIP to question 16</li> <li>Yes, this house → SKIP to question 16</li> <li>No, outside Puerto Rico and the United States - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.</li> </ul>
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  No, has not attended in the last 3	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.  This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	No, different house in Puerto Rico or the United States  b. Where did this person live 1 year ago?  Address Development or condominium name Number and street name
b. What grade or level was this person attending?  Mark (X) ONE box.	engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office
Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12		Name of municipio in Puerto Rico or U.S. county
College undergraduate years (freshman to senior)  Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		Enter Puerto Rico or name of U.S. state ZIP Code

Person 4	(continued)
----------	-------------

	Is this person CURRENTLY covered by any of th following types of health insurance or health	e H	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.		c. How long has this grandparent been responsible for these grandchildren?  If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has
	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	19	Because of a physical, mental, or emotional		been responsible for the longest period of time.  Less than 6 months
	a. Insurance through a current or former employer or union (of this person or another family member)		condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?		6 to 11 months
	b. Insurance purchased directly from an insurance company (by this person or another family member)		Yes		1 or 2 years
	person or another family member)  c. Medicare, for people 65 and older,		☐ No		3 or 4 years
	or people with certain disabilities	20	What is this person's marital status?		5 or more years
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		<ul><li>Now married</li><li>Widowed</li><li>Divorced</li></ul>	$\mathbf{T}$	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	e. TRICARE or other military health care		Separated		Never served in the military → SKIP to question 29a
	f. VA (including those who have ever used or enrolled for VA health care)		Never married → SKIP to		Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	4	In the PAST 12 MONTHS did this person get – Yes No		Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify		a. Married?		On active duty in the past, but not now
			c. Divorced?	27	When did this person serve on active duty in the
	a la this namen deef or deep be/aba bays	22	How many times has this person been married?		<b>U.S. Armed Forces?</b> Mark (X) a box for EACH period in which this person served, even if just for part of the period.
	a. Is this person deaf or does he/she have serious difficulty hearing?	$\top$	Once		September 2001 or later
	☐ Yes		☐ Two times		August 1990 to August 2001 (including
	□ No		Three or more times		Persian Gulf War)
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing	23	In what year did this person last get married? Year		May 1975 to July 1990
	glasses?				Vietnam era (August 1964 to April 1975)
	☐ Yes ☐ No				February 1955 to July 1964
			Answer question 24 if this person is		Korean War (July 1950 to January 1955)  January 1947 to June 1950
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to	T	female and 15 – 50 years old. Otherwise, SKIP to guestion 25a.		World War II (December 1941 to December 1946)
	the questions for Person 5 on page 24.		ONIT to quotion 200.		November 1941 or earlier
3	a. Because of a physical, mental, or emotional	24	Has this person given birth to any children in the past 12 months?		- November 1941 of earlier
	condition, does this person have serious difficulty concentrating, remembering, or		Yes	28	a. Does this person have a VA service-connected disability rating?
	making decisions?		☐ No		Yes (such as 0%, 10%, 20%, , 100%)
	Yes □ No	25	a. Does this person have any of his/her own grandchildren under the age of 18 living in		No → SKIP to question 29a
	b. Does this person have serious difficulty walking or climbing stairs?		this house or apartment?		b. What is this person's service-connected disability rating?
	Yes		No → SKIP to question 26		0 percent
	□ No		b. Is this grandparent currently responsible for most of the basic needs of any grandchildren		10 or 20 percent
	c. Does this person have difficulty dressing or bathing?		under the age of 18 who live in this house or apartment?		30 or 40 percent
	Yes		Yes		50 or 60 percent
	□ No		No → SKIP to question 26		70 percent or higher

	Per	son 4 (continue
2	9 a. LAS at a	T WEEK, did this person work fo job (or business)?
		Yes → SKIP to question 30

	a.	LAST WEEK, did this person work for pay at a job (or business)?
		Yes → SKIP to question 30
		No – Did not work (or retired)
	b.	LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
		<ul><li>Yes</li><li>No → SKIP to question 35a</li></ul>
•	W	t what location did this person work LAST EEK? If this person worked at more than one cation, print where he or she worked most st week.
	a.	Address Development or condominium name Number and street name
		If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.
	b.	Name of city, town, or post office
	c.	Is the work location inside the limits of that city or town?
		Yes
		No, outside the city/town limits
	d.	Name of municipio in Puerto Rico or U.S. county
	e.	Enter Puerto Rico or name of U.S. state or foreign country
	f.	ZIP Code
	m	bw did this person usually get to work LAST EEK? If this person usually used more than one ethod of transportation during the trip, mark (X) to box of the one used for most of the distance.
	.,,,	2 23. C. the one does for most of the distance.

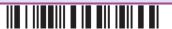
	•	LAST WEEK, did this pers	on work for nov
ץ	a.	at a job (or business)?	on work for pay
		Yes → SKIP to question	n 30
		No – Did not work (or i	retired)
	b.	LAST WEEK, did this perso for pay, even for as little a	on do ANY work as one hour?
		Yes	
		No → SKIP to question	35a
0	W	what location did this pe EEK? If this person worked a cation, print where he or she of week.	t more than one
	a.	Address Development or condomi Number and street name	nium name
		If the exact address is not kn description of the location su name or the nearest street of	ıch as the building
	b.	Name of city, town, or po	st office
	c.	Is the work location insid city or town?	e the limits of that
		Yes  No, outside the city/tow	ın limite
		·	
	a.	Name of municipio in Pue or U.S. county	erto kico
	e.	Enter Puerto Rico or name or foreign country	e of U.S. state
	f.	ZIP Code	
		00000	
Ò	Н	ow did this person usually	get to work LAST
	W	<b>EEK?</b> If this person usually uethod of transportation during box of the one used for mo	sed more than one a the trip, mark (X)
		Car, truck, or van	Motorcycle
		Bus or trolley bus	Bicycle
		Carro público	Walked
		Subway or elevated	Worked at home → SKIP
	Ľ	Railroad	to question 39a
		Ferryboat	Other method

			Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.
	3	2	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
	3	3	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m.  p.m.
	3	4	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
at	k	(	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	3	5	<ul> <li>a. LAST WEEK, was this person on layoff from a job?</li> <li>Yes → SKIP to question 35c</li> </ul>
			<ul> <li>No</li> <li>LAST WEEK, was this person TEMPORARILY absent from a job or business?</li> </ul>
			Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38  No → SKIP to question 36

	1
	No → SKIP to question 36
will	this person been informed that he or she be recalled to work within the next onths OR been given a date to return to k?
	Yes → SKIP to question 37

□ No

3	6	Du AC	ring TIV	the LAST 4 WEEKS, has this person been ELY looking for work?
			Y	es
			N	o → SKIP to question 38
3	7	job	ST V if o	NEEK, could this person have started a ffered one, or returned to work if d?
			Y	es, could have gone to work
			N	o, because of own temporary illness
			N	o, because of all other reasons (in school, etc.)
3	8	Wh day		did this person last work, even for a few
			W	ithin the past 12 months
			1	to 5 years ago → SKIP to L
			O q	ver 5 years ago or never worked → <i>SKIP to</i> uestion 47
3	9	1	this	ing the PAST 12 MONTHS (52 weeks), did person work 50 or more weeks? Count I time off as work.
				Yes → SKIP to question 40
				No
		1	for a	r many weeks DID this person work, even a few hours, <u>including</u> paid vacation, paid leave, and military service?
				50 to 52 weeks
				48 to 49 weeks
				40 to 47 weeks
				27 to 39 weeks
				14 to 26 weeks
				13 weeks or less
4	0	WC	PKI	the PAST 12 MONTHS, in the WEEKS ED, how many hours did this person work each WEEK?
		Usı	ual h	nours worked each WEEK



Person 4	(continued)
----------	-------------

#### 41 - 46 CURRENT OR MOST RECENT JOB

**ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person – Mark (X) ONE box.

an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
an employee of a PRIVATE NOT-FOR-PROFIT tax-exempt, or charitable organization?

	a local GOVERNMENT employee (city, county, municipio, etc.)?
-1	A STATE COVERNMENT AND IN A STATE OF THE STA

a state GOVERNIVIENT	employeer

	a Federal	GOVERNMENT	employee?
--	-----------	------------	-----------

	SELF-EMPLOYED in own NOT INCORPORATED
	business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED
business, professional practice, or farm?

working WITHOUT PAY in family business
or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$  and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this?
Describe the activity at the location where employed.
(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

manufacturing
---------------

wholesale trade?

retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

**47** INCOME IN THE PAST 12 MONTHS.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	☐ Yes →	\$ 0,000,000.00
Ш	No	TOTAL AMOUNT for past

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

	Yes →	\$ ,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss
		12 months '	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ 0,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss

d. Social Security or Railroad Retirement.

☐ Yes →	\$ 00,000.00
∐ No	TOTAL AMOUNT for past

e. Supplemental Security Income (SSI).

Yes →	\$			.00
No	TOTAL	AMOUNT 12 month	for	past

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past 12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

	Yes →	\$ 000,000.00	
Ш	No	TOTAL AMOUNT for past	

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$ 00,000.00
Ш	No	TOTAL AMOUNT for past

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

enter the a the dollar	amount and mark (X) the "Loss" box ne: amount.	xt to
OR	\$ 0,000,000.00	
None	TOTAL AMOUNT for past 12 months	Loss

Continue with the questions for Person 5 on the next page. If no one is listed as person 5 on page 4, SKIP to page 28 for mailing instructions.



		13170243
Person 5	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 5 from page 4, then continue answering questions below.	If currently enrolled, mark the previous grade or highest degree received.	
Last Name	NO SCHOOLING COMPLETED	
	No schooling completed	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican,
First Name MI	NURSERY OR PRESCHOOL THROUGH GRADE 12	French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
	Nursery school  Kindergarten	a. Does this person speak a language other than English at home?
Where was this person born?	Grade 1 through 11 – Specify	
☐ In the United States – Print name of state.	grade 1 – 11	<ul><li>Yes</li><li>No → SKIP to question 15a</li></ul>
		b. What is this language?
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands,	12th grade NO DIDLOMA	
Guam, etc.	12th grade – NO DIPLOMA	
	HIGH SCHOOL GRADUATE  Regular high school diploma	For example: Korean, Italian, Spanish, Vietnamese
Is this person a citizen of the United States?	GED or alternative credential	c. How well does this person speak English?
Yes, born in Puerto Rico → SKIP to question 10a	COLLEGE OR SOME COLLEGE	Very well
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	Some college credit, but less than 1 year of	Well
	college credit  1 or more years of college credit, no degree	Not well
Yes, born abroad of U.S. citizen parent or parents		☐ Not at all
Yes, U.S. citizen by naturalization – Print year of naturalization	Associate's degree (for example: AA, AS)	a. Did this person live in this house or apartment
or naturalization	Bachelor's degree (for example: BA, BS)  AFTER BACHELOR'S DEGREE	1 year ago?
		Person is under 1 year old → SKIP to question 16
No, not a U.S. citizen	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Yes, this house → SKIP to question 16
When did this person come to live in Puerto Rico? If this person came to live in	Professional degree beyond a bachelor's degre (for example: MD, DDS, DVM, LLB, JD)	
Puerto Rico more than once, print latest year. Year	Doctorate degree (for example: PhD, EdD)	country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.
	Answer question 12 if this person has a	
A At any time IN THE LAST 3 MONTHS has this	bachelor's degree or higher. Otherwise, SKIP to question 13.	No, different house in Puerto Rico or the United States
person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling	SKIF to question 13.	b. Where did this person live 1 year ago?
which leads to a high school diploma or a college degree.		Address
No, has not attended in the last 3 months → SKIP to guestion 11	This question focuses on this person's	Development or condominium name Number and street name
Yes, public school, public college	BACHELOR'S DEGREE. Please print below the	
Yes, private school, private college, home school	specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical	
b. What grade or level was this person attending?	engineering, elementary teacher education, organizational psychology)	Name of city, town, or post office
Mark (X) ONE box.  Nursery school, preschool		
Kindergarten		
Grade 1 through 12 – Specify		Name of municipio in Puerto Rico or U.S. county
grade 1 - 12		
College undergraduete veers (freehmen te		Enter Puerto Rico or
College undergraduate years (freshman to senior)		name of U.S. state ZIP Code

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

Person 5 (con		GU.
---------------	--	-----

	Is this person CURRENTLY covered by any of th following types of health insurance or health	e L	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.		c. How long has this grandparent been responsible for these grandchildren?  If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has
	<b>coverage plans?</b> Mark "Yes" or "No" for EACH type of coverage in items a – h.				been responsible for the longest period of time.
	a. Insurance through a current or Yes No	19	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's		Less than 6 months
	former employer or union (of this person or another family member)		office or shopping?		6 to 11 months
	b. Insurance purchased directly from an insurance company (by this person or another family member)		☐ Yes ☐ No		1 or 2 years 3 or 4 years
	c. Medicare, for people 65 and older,				
	or people with certain disabilities	20	What is this person's marital status?		5 or more years
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		<ul><li>Now married</li><li>Widowed</li><li>Divorced</li></ul>	$\mathbf{T}$	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	e. TRICARE or other military health care		Separated		Never served in the military → SKIP to
	f. VA (including those who have ever used or enrolled for VA health care)		<ul> <li>Never married → SKIP to I</li> <li>In the PAST 12 MONTHS did this person get -</li> </ul>		question 29a  Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
	g. Indian Health Service	4	Yes No		Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify		a. Married?		On active duty in the past, but not now
	<b>K</b>		b. Widowed?		When did this person serve on active duty in the
			c. Divorced?	$\mathbf{T}$	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the
	a. Is this person deaf or does he/she have	22	How many times has this person been married?		period.
	serious difficulty hearing?		Once		September 2001 or later
	Yes No		Two times Three or more times		August 1990 to August 2001 (including Persian Gulf War)
	b. Is this person blind or does he/she have				May 1975 to July 1990
	serious difficulty seeing even when wearing glasses?	4	In what year did this person last get married? Year		Vietnam era (August 1964 to April 1975)
	Yes				February 1955 to July 1964
	□ No				Korean War (July 1950 to January 1955)
	Answer question 18a – c if this person is		Answer question 24 if this person is female and 15 – 50 years old. Otherwise,		January 1947 to June 1950
	5 years old or over. Otherwise, SKIP to		SKIP to question 25a.		World War II (December 1941 to December 1946)
	the mailing instructions on page 28.				November 1941 or earlier
3	a. Because of a physical, mental, or emotional	24	Has this person given birth to any children in the past 12 months?		
	condition, does this person have serious difficulty concentrating, remembering, or			28	a. Does this person have a VA service-connected disability rating?
	making decisions?		□ No		
	Yes	25	a. Does this person have any of his/her own		<ul><li>Yes (such as 0%, 10%, 20%,, 100%)</li><li>No → SKIP to question 29a</li></ul>
	No	Τ	grandchildren under the age of 18 living in this house or apartment?		
	b. Does this person have serious difficulty walking or climbing stairs?		Yes		b. What is this person's service-connected disability rating?
	Yes		No → SKIP to question 26		0 percent
	No		b. Is this grandparent currently responsible for most of the basic needs of any grandchildren		10 or 20 percent
	<ul> <li>Does this person have difficulty dressing or bathing?</li> </ul>		under the age of 18 who live in this house or apartment?		30 or 40 percent
	Yes		Yes		50 or 60 percent
	□ No		No → SKIP to question 26		70 percent or higher

29 a. LAST Wat a job	VEEK, did this person we of (or business)?  es → SKIP to question 30  o – Did not work (or retired)	ork for pay	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.  How many people, including this person, usually rode to work in the car, truck, or van	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  ☐ Yes ☐ No → SKIP to question 38
for pay,	WEEK, did this person do , even for as little as on es o → SKIP to question 35a	e hour?	Person(s)	AST WEEK, could this person have started a job if offered one, or returned to work if recalled?  Yes, could have gone to work  No, because of own temporary illness
WEEK? If the location, pure last week.  a. Address: Develop	ocation did this person this person worked at mo- trint where he or she work ss pment or condominium er and street name	re than one ked most	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m.  p.m.	No, because of all other reasons (in school, etc.)  When did this person last work, even for a few days?  Within the past 12 months
descript name or	ract address is not known, tion of the location such as r the nearest street or inte of city, town, or post of	give a s the building rsection.	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes	1 to 5 years ago → SKIP to  Over 5 years ago or never worked → SKIP to question 47  a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
city or 1  Yes No,		nits	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.  a. LAST WEEK, was this person on layoff from a job?	<ul> <li>Yes → SKIP to question 40</li> <li>No</li> <li>No</li> <li>b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> </ul>
	Puerto Rico or name of lign country	U.S. state	Yes → SKIP to question 35c  No  No  No  No  No  No  No  No  No  N	48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less
WEEK? If the method of the box of	this person usually get to this person usually used in transportation during the the one used for most of truck, or van or trolley bus opúblico uvay or elevated	nore than one trip, mark (X)	<ul> <li>No → SKIP to question 36</li> <li>c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?</li> <li>Yes → SKIP to question 37</li> <li>No</li> </ul>	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK



Other method

Taxicab

Ferryboat

#### 41 – 46 CURRENT OR MOST RECENT JOB

ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

41)	Was this person -
$oldsymbol{ au}$	Mark (X) ONE box.

an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?

an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?

a local GOVERNMENT employee (city, county, municipio, etc.)?

a state GOVERNMENT employee?

a Federal GOVERNMENT employee?

SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?

working WITHOUT PAY in family business or farm?

#### For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$ and print the branch of the Armed Forces.

Name of company, business, or other employer

# What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

# **Is this mainly –** Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

#### **INCOME IN THE PAST 12 MONTHS.**

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

	Yes →	\$ 0,000,000.00
Ш	No	TOTAL AMOUNT for past
		12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

	Yes →	\$ _,00	
Ш	No	TOTAL AMOUNT for past	Loss
		12 months	

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

	Yes →	\$ 0,000,000.00	
Ш	No	TOTAL AMOUNT for past	Loss

d. Social Security or Railroad Retirement.

	Yes →	\$			.00
Ш	No :	TOTAL	AMOUNT	โ for าร	past

e. Supplemental Security Income (SSI).

Yes →	\$					.00
No	TOT	ΓAL A	MOU 2 mc	JNT	for s	past

f. Any public assistance or welfare payments from the state or local welfare office.

	Yes →	\$00,000.	00
Ш	No	TOTAL AMOUNT for p	ast

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

	Yes →	\$ 000,000 .00		
Ш	No	TOTAL AMOUNT for past 12 months		

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support **or alimony.** Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

	Yes →	\$,	.00
Ш	No	TOTAL AMOUNT for pa	ast

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss,

enter the a the dollar	amount and mark (X) the "Loss" box ne amount.	xt to
☐ OR	\$ .00 .00	
None	TOTAL AMOUNT for past 12 months	Loss

Now continue with the mailing instructions on page 28.



# Mailing Instructions

# Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

# Then...

 put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the Puerto Rico Community Survey.

For Census Bureau Use						
POP	EDIT PHONE	JIC1	JIC2			
EDIT CLERK	TELEPHONE CLERK	JIC3	JIC4			

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(2016)PR (07-08-2015)